

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/16/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL
DATES OF SERVICE FROM 01/21/2011 TO 01/21/2011

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Neurosurgeon
Fellowship Trained in Spine Surgery

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 08/14/09 - MRI Lumbar Spine
2. 08/22/09 - Informed Consent to Chiropractic Treatment
3. 08/22/09 - Patient Registration
4. 08/22/09 - Clinical Note
5. 08/24/09 - Clinical Note
6. 08/26/09 - Clinical Note
7. 08/28/09 - Clinical Note
8. 08/31/09 - Clinical Note
9. 09/26/09 - Clinical Note
10. 10/12/09 - Clinical Note
11. 10/14/09 - Clinical Note
12. 10/16/09 - Clinical Note
13. 10/19/09 - Clinical Note
14. 10/21/09 - Clinical Note
15. 02/18/10 - Clinical Note

- 16. 12/02/10 - Clinical Note
- 17. 12/29/10 - Clinical Note
- 18. 01/04/11 - Peer Review
- 19. 01/10/11 - Clinical Note
- 20. 01/10/11 - Letter
- 21. 01/26/11 - Utilization Review
- 22. 01/28/11 - Letter
- 23. 02/07/11 - Utilization Review
- 24. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a XX year old male who sustained a work injury on XX/XX/XX while pulling carts loaded with heavy objects.

An MRI of the lumbar spine performed 08/14/09 demonstrated a broad annular bulge at L2-L3 with ligamentum flavum and facet joint hypertrophic changes causing very slight compression of the thecal sac. At L3-L4, a broad annular bulge was present with associated ligamentum flavum and facet joint hypertrophic changes with lipomatosis in the dorsal aspect of the canal. This caused moderate compression of the thecal sac at L3-L4. At L4-L5, there was a broad annular bulge which may be slightly asymmetric and more prominent to the left of midline. This annulus bulged out into the foramina bilaterally and may even cause some mass effect on the right L4 nerve root in the foramen. There was ligamentum flavum and hypertrophic changes narrowing that foramen. At L5-S1, the disc was better seen on the angled T1 weighted images. That particular disc appeared unremarkable. The annulus bulged out into the foramina bilaterally.

The employee underwent eleven sessions of chiropractic therapy from 08/22/09 through 10/21/09.

The employee saw Dr. on 02/18/10. The employee complained of neck and back pain for three years. Physical examination revealed decreased range of motion of the cervical and lumbar spine. Deep tendon reflexes were symmetric. There was normal strength, tone, and sensation. The employee was assessed with lumbar strain and cervical sprain. The employee was advised to follow-up if symptoms persisted.

The employee saw Dr. on 12/02/10. Physical examination revealed decreased range of motion of the cervical and lumbar spine. Deep tendon reflexes were symmetric. There was normal strength, tone, and sensation. The employee was assessed with cervical sprain and lumbar strain. The employee was advised to follow-up in four weeks.

The employee saw Dr. on 12/29/10. The employee complained of neck and low back pain. The employee also reported numbness, burning, and tingling from the left buttock to the toes. Physical examination revealed decreased reflex of the left ankle.

The employee was assessed with lumbar strain and unspecified radiculopathy. The employee was referred for neurosurgical evaluation.

The employee saw Dr. on 01/10/11 with complaints of neck and back pain rating 9 to 10 out of 10. There was no radiation to the upper extremities. The employee did report radiation into the left lower extremity. The pain worsened with activity. Physical examination revealed significant tenderness to palpation of the bony elements of the spine, as well as the cervical and lumbar paraspinal muscles. There was normal alignment and normal range of motion. Sensation was intact to pinprick and light touch throughout. There was full motor: strength of all muscle groups in the upper and lower extremities. The employee was recommended for radiographs and MRI of the cervical and lumbar spine.

The request for magnetic resonance (e.g. proton) imaging, spinal canal and contents cervical; without contrast material was denied by utilization review on 01/26/11 due to a lack of progressive neurologic deficit. The only finding was tenderness to palpation. There was a normal sensory and normal motor examination.

The request for magnetic resonance (e.g. proton) imaging, spinal canal and contents cervical; without contrast material was denied by utilization review on 02/07/11 due to no documented history of cervical myelopathy or findings on examination of a cervical myelopathy. There was no documented history of cervical radiculopathy or findings on examination of a cervical radiculopathy. The employee has had chronic pain complaints with no change.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The requested MRI of the cervical spine was not medically necessary. Based on the clinical documentation provided for review, the employee exhibits no neurologic deficits that would reasonably require the requested MRI study. The employee has tenderness to palpation of the cervical spine. However, there was no motor weakness, reflex changes, or sensory deficits that would be consistent with cervical radiculopathy or myelopathy that would warrant the required MRI study. Current evidence-based guidelines recommend that there be objective evidence of neurologic deficits in order to warrant MRI studies of the cervical spine.

Given the lack of objective findings that meet this recommendation, the requested MRI of the cervical spine is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Online Version, Neck and Upper Back Chapter

Indications for imaging -- MRI (magnetic resonance imaging):

- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present

- Neck pain with radiculopathy if severe or progressive neurologic deficit
- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present
- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present
- Chronic neck pain, radiographs show bone or disc margin destruction
- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit
- Upper back/thoracic spine trauma with neurological deficit